## Waiver Form

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, the undersigned, on his or her own behalf and on behalf of the minor(s) identified below, acknowledges, appreciates and agrees that:

- I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and
- I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and
- I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants. I assume full responsibility for all participants listed below. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and

By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

Participant(s):/ Name/Date of Birth	//	Name/Date of Birth	//
Address/Street:	City:	State:	Zip:
Parent/Guardian Signature:		Date:	
Parent/Guardian Printed Name :			
Emergency Contact if dropping off: Home:	M	obile:	
☐ Check here if you would like to receive	re notices of special pro	motions or offers:	
(your email address)			
<ul> <li>I willingly agree to comply with the state observe any hazard during my participation.</li> <li>I understand that the risk of injury can be particular rules, equipment and personal defection.</li> <li>I knowingly and freely assume all risk participants. I assume full responsibility medical costs, attorney fees, and all other.</li> <li>I, for myself and on behalf of my heirs, as In, their officers, agents, employees, oth disability, death, or loss or damage to personal by signing below for my children, and/or spour.</li> </ul>	on, I will bring it to the atten significant, including the po- discipline reduce the risk, the as both known and unknown for all participants listed damages resulting from inju- assigns, personal representation ther participants, and sponses son or property to the fullest use, I also agree to the above	tion of the nearest offici- tential for paralysis and erisk does exist; and wn, even if arising fro below. Further, I agree ary to myself and the un- ves and next of kin, her oring agencies with res- extent of the law; and e conditions, should I de	al immediately; and even death, and while on the negligence of other to assume liability for all dersigned participants; and eby hold harmless Jump On spect to any and all injury, cide to participate.
Participant(s):/ Name/Date of Birth	//	Nama/Data of Birth	/
Address/Street:			
Parent/Guardian Signature:		Date:	
Parent/Guardian Printed Name :			
Emergency Contact if dropping off: Home:	M	ahila.	

(your email address)